

Volunteering at the Maricopa Public Library

Why volunteer at the library?

The Maricopa Public Library is a tremendously popular resource for our community welcoming more than 500 visitors a day and checking out over 250,000 items a year, from books to DVDs. Volunteers play an important part in the success of our library, helping to provide everyone in our community with life-enriching experiences. Last year, dozens of volunteers, from teens to seniors, contributed their gifts of time and talent to the Maricopa Public Library.

What do volunteers do?

Library volunteers' main duties are to shelve material. However, you may be asked to perform other tasks, such as repairing materials and working on special projects.

- Arrange library materials to be sure that everything is straight and in proper alphabetical and numerical order on shelves.
- Identify materials that are in need of repair.
- Direct patrons to library staff for assistance
- "Edge" materials by bringing spines into alignment at the front edge of shelf
- Dust shelves

How can volunteering benefit me?

Volunteering for the library can be a very rewarding experience. Not only will you be helping serve the community, but you'll also benefit from:

- Being in a friendly group environment
- Gaining a feeling of accomplishment
- Meeting new and interesting people
- Learning about the library and all its resources



To volunteer

Complete the attached application and acknowledgement form; and turn forms into the circulation desk. Once it has been approved, you will be contacted by our Volunteer Coordinator to attend an orientation and training session.

Qualifications:

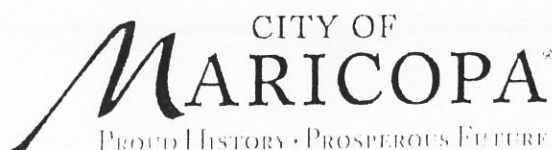
- Ability to file in alphabetical and numerical order
- Able to work independently and to complete assigned tasks with minimal supervision
- Students must be at least age 15 in order to volunteer
- Minimum of 2 hours per week
- Physically able to bend, stretch, reach and push heavy book carts around the library

Volunteer applications are submitted for approval once a month; applicants will be contacted based on qualifications and availability to best fit the needs of the library.

Please indicate your availability below (open hours are indicated for each day):

	Monday (10-7)	Tuesday (9-6)	Wednesday (10-7)	Thursday (9-6)	Friday (9-5)	Saturday (9-5)
9						
10						
11						
12						
1						
2						
3						
4						
5						
6						

Do you have any prior experience working and/or volunteering in a library? If so, please explain.



Volunteer Job Description & Acknowledgment

City of Maricopa

The City of Maricopa is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, the City will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer.

Job Description

Under general direction of the assigned department, performs volunteer duties as necessary. Each department that has a valid operational need for volunteers shall rely on these guidelines during placement of volunteers. Departments utilizing the service of Volunteers cannot dictate the hours of the volunteer. Volunteers are subject to all City of Maricopa Personnel Policies and Procedures, including Administrative Policies, except where they pertain to classified service such as employee compensation and benefits. Volunteer activities are task orientated and cannot replace job duties of a present or future employee.

Volunteer Characteristics

The City of Maricopa encourages the use of volunteers by any department that can provide a positive experience for both the volunteer and the City. Many citizens choose to give back to their community by sharing their time and talents.

Volunteers are persons who serve without compensation. Although volunteers are not employees, they shall comply with all standards of professional conduct during their service. Volunteers shall have no specific rights or privileges arising out of Personnel Policies.

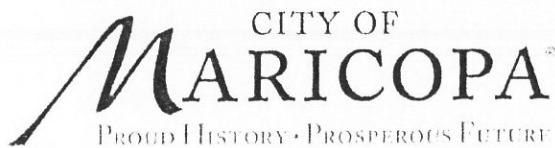
The City of Maricopa offers various opportunities for citizens to help make our community an even better place to live. Volunteers are utilized in the library, parks, fire department, police department, court and many other areas. Department Directors or their designee have the authority to approve placement of volunteers for their departmental needs.

Applications, volunteer files, use of technology, timesheets, breaks, dress code and identification badges will be in accordance with City of Maricopa policies.

Non-exempt employees shall not perform service for the City of Maricopa on a voluntary basis when such service is of a similar nature as that performed by the employee as part of paid work.

The process for accepting volunteers is the same as indicated in the City of Maricopa's policy for Recruitment and Selection.

Before a volunteer is authorized to drive a City vehicle, it must be part of a specific City-Manager



approved program and the volunteer must undergo training and a background check. This training must be documented in the volunteer's personnel file.

Individual volunteers for the City are covered through the City's insurance for workers' compensation and liability purposes. Groups that are volunteering for specific projects may be required to provide their own certificate of insurance. Any questions regarding certificate of insurance requirements for group volunteers should be directed to the Risk Manager.

If a volunteer is involved in an incident/accident, the same forms used for staff should be used for the volunteer.

The City reserves the right to sever the voluntary relationship at any time without cause or notice.

Youth Volunteers (less than 18 years old)

Youth volunteers are a valuable asset; however, there are some additional policies that are for their safety and the City's liability.

The youth application must be signed by a parent or legal guardian before it can be accepted and processed.

Volunteer Acknowledgement Required: X
 Yes No

If no, disregard the remainder of this policy.

If yes, volunteers must sign and return this page to Human Resources for inclusion in the volunteer's personnel file.

I acknowledge receipt of these guidelines and understand my responsibility to read, understand and abide by them.

Volunteer Printed Name

Signature

Date



Request for
Background Check

Customer # 001733

Social Security Number - -	Date of Birth (Month/Day/Year - for identification purposes only) / /
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Full Name (First / Full Middle Name / Last)
Other Names Used (maiden names, AKA names, etc.)

Current Residential Address		
City	State	Zip Code

List each CITY, STATE and ZIP CODE (if known) where you have lived during the past seven years:

City	State	Zip Code	From Date	To Date	
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Driver's License Number	State of Issue
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APPLICANT: DO NOT WRITE IN THIS BOX – FOR EMPLOYER USE ONLY:

Your standard package will be automatically performed unless you specify otherwise below:	
<input type="checkbox"/> Perform selected services <i>in addition to</i> standard package	
<input type="checkbox"/> Perform selected services <i>in place of</i> standard package	
<input type="checkbox"/> 39-Month driving record	<input type="checkbox"/> Educational Degree Verification
<input type="checkbox"/> Social Security Address/Alias Trace	<input type="checkbox"/> Personal/Prof. Reference Verification
<input type="checkbox"/> Additional County Criminal History Searches (check box next to addresses above)	<input type="checkbox"/> Professional Licensure Verification
	<input type="checkbox"/> Previous Employment Verification
Phone 602-263-8033 or 1-877-263-8033	Fax orders to 602-274-3551

#001733

CITY OF MARICOPA COMMUNITY SERVICES DEPARTMENT
VOLUNTEER APPLICATION

Name: _____
 Last First Middle

Birth Date: _____

Address: _____
 Street Apt City State Zip Code

Phone (____) _____ Social Security Number: _____

Email: _____ Fax (____) _____

Emergency Contact Information: _____

Name of person, relationship, and how to reach them while you are volunteering

List any medical conditions/concerns _____

List interests, skills, hobbies, volunteer work, community involvement, and leadership experience that may be beneficial to volunteering with the Community Services Department:

We currently have the following volunteer positions available:

☐ Parks

☐ Library

☐ Special Events

☐ Recreation Programs

☐ Community Clean-up

Volunteer Position Desired _____

Additional Information

All persons selected to volunteer with the Parks, Recreation and Libraries Department (15 years and older) must complete an authorization form to conduct a background check. Please complete the attached Background Authorization form and return with the completed Volunteer Application to the Parks, Recreation and Libraries Department. Application and Background Authorization forms need to be addressed to the attention of Rocky Brown and can be returned in person or faxed to 520.568.9120.

Have you ever been convicted, imprisoned, on probation, or on parole for other than minor traffic violations by a civilian or military authority? Information on felonies, misdemeanors, probation before judgment, convictions resulting from pleas of no contest, and/or other offenses is required.

Yes ☐ No ☐

Are you under charges for any offense(s) against the law other than minor traffic violations?

Yes ☐ No ☐

If an answer is yes to any of the previous questions, you are required to provide details that include dates, an explanation of the violation, place of occurrence, and the name of the police department or court involved.

If you have been assigned to do community service by a municipal, state or federal court, you must supply a copy of the judgment, ticket, or any substitute document that reflects the judgment or opinion of the court. The City of Maricopa does not guarantee the availability of community service or volunteer opportunities. Application for said services or volunteer opportunities does not guarantee availability. Failure to pass a background check will cancel or void any volunteer commitment.

I certify that the answers given by to the foregoing questions and during any interviews are true and correct without any consequential omissions. Any false statements and/or omissions may be used as a basis for rejection of this application and/or grounds for dismissal. I authorize the release of any information provided herein to the City of Maricopa to determine eligibility for the volunteer position for which I have applied. I understand and acknowledge that if chosen as a volunteer, the position is for no definite time period and either the City of Maricopa or I can terminate this relationship at will at any time. The City of Maricopa Community Services Department maintains policies and practices which prohibit the discrimination of any applicant on the basis of race, gender, color, national origin, age, disability, religion, veteran's status, sexual orientation, or any other characteristic protected by federal, state or local laws.

Volunteer's Signature _____ Date _____

Parent's
Signature _____ Date _____

(If applicant is under 18 years of age)

Staff Use:
Location: _____

Date: _____



Staff Use:
Duration: _____

Staff
Receipt: _____

FCRA NOTICE AND ACKNOWLEDGMENT
IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT

NOTICE REGARDING BACKGROUND INVESTIGATION

City of Maricopa ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include, but is not limited to: employment and education verifications; social security number verification; criminal and civil court records; personal interviews; driving records; and/or any other public records or any other information bearing on my character, general reputation, personal characteristics and trustworthiness. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report.

The report will be generated by Universal Background Screening (4000 North Central Avenue, Suite 1000, Phoenix, AZ 85012, 1-877-263-8033) or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION (above) and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (separate document) and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Universal Background Screening, another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law. ☐

Printed Name	Social Security Number (SSN)
Signature	Date: